Riverside County Library System

...your information pathway

Date _____

PLEASE PRINT CLEARLY

_____

Last Name First Name Middle

_____

Where You Live Apt. #

_____

Mailing Address (City, State, and Zip Code)

( ) / /

_____

Telephone Birth date

_____

E-mail Address

IDENTIFICATION VERIFICATION

_____ Driver's License

_____ California ID Card

_____ Other _____

I agree to be responsible for all materials charged on my library card; to report a lost library card; to observe library rules and policies; to pay promptly all charges; and to notify the library of an address or name change.

_____

Signature of Applicant

FOR PARENT OR LEGAL GUARDIAN OF MINOR APPLICANT

I give my child permission to have a library card and assume complete financial responsibility for all library materials borrowed by my child.

_____ _____

Last name of Parent or Legal Guardian First Name of Parent or Legal Guardian

_____

Signature of Parent or Legal Guardian

For Staff Use Only: Barcode # _____ Quick Reg _____ Full Reg _____